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**DECLARATION OF WARDEN KOEHN**

*Carranza v. Koehn, et al.*  
Case No. 2:20-cv-00901-JH-DMF

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# Attachment A

**COVID-19 Daily Checklist – Warden/Administrative Duty Officer**

ADO: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Daily activity (Completed during your assigned shift and turned into the Facility Warden Daily)</b>	<b>Completed (Yes/No/NA)</b>	<b>ADO Initials</b>
Receive update on any callouts, contacts for medical assistance, and signs of infection among the staff or detainees.		
Get update each AM on sick call trends, real numbers, and concerns of the providers and nursing staff.		
Communicate with local NIMS/EMA contacts to maintain knowledge of all changing conditions, plans, or instructions.		
Share information with all staff through the internal teleconference messages, emails, change notices, and meet with staff.		
Specifically approve any contractor access – emergency repairs only.		
Ensure that the WebEOC information is updated daily.		
Monitor local and national news for changing conditions.		
Check in with Safety and Security to ensure that Restrooms, door handles, gates, intercom boxes and other common high touch areas being cleaned.		
Receive updated list of high risk detainees and adjust plan as needed.		
Verify that staff are practicing the known and trained social distancing recommendations (avoiding handshakes, avoiding close contact in closed door meetings, using the teleconference options, covering coughs and sneezes, frequent handwashing, etc.)		
Verify that the COVID-19 signs are evident throughout the facility.		
Monitor staff for health and wellness; encourage staff to go home or stay home if they're feeling ill or showing any signs of illness.		
Verify staff are conducting the front lobby screening procedures (questions, forms, and temperature). Are they wearing their PPE?		
Verify that medical is taking detainee temperatures on all incoming and outgoing detainees.		
Remind staff and detainees of sanitation standards and safety practices during rounds		
Verify with safety, food service, and unit team that food safety, tray delivery, plastic gloves, hairnets and beard guards, etc. processes are being followed.		
Verify dining areas are being cleaned/sanitized before, during, and after each meal.		
Verify recreation areas and equipment, both indoor and outdoor, are sanitized in and out of the recreation session. Encourage outdoor rec.		
Verify with Safety and Security that laundering facilities – main laundry and unit based laundry machines are being sanitized		
Verify that keys, radios, OC and other security issued items are sanitized upon issue, during use, and upon their return.		
Review sanitation inspections and ensure they are being completed.		

**COVID-19 Daily Shift Checklist - Security**

Shift: \_\_\_\_\_ Shift Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Daily activity (Completed during your assigned shift and turned into the Facility Warden Daily)	Completed (Yes/No/NA)	Shift Sup/Asst Initials
Ensure that Restrooms, door handles, gates, intercom boxes and other common high touch areas being cleaned		
Verify that staff are practicing the known and trained social distancing recommendations (avoiding handshakes, avoiding close contact in closed door meetings, using the teleconference options, covering coughs and sneezes, frequent handwashing, etc.)		
Verify that the COVID-19 signs are evident throughout your area and the facility		
Monitor staff for health and wellness; encourage staff to go home or stay home if they're feeling ill or showing any signs of illness.		
Ensure that all facility vehicles are sanitized daily; before, during and after all transports. Refer to TransCor directions on this subject.		
Monitor food safety, tray delivery, plastic gloves, hairnets and beard guards, etc.		
Ensure dining areas are being cleaned/sanitized before, during, and after each meal.		
Verify staff are conducting the front lobby screening procedures (questions, forms, and temperature.) Are they wearing their PPE?		
Laundering facilities – main laundry and unit based laundry machines and carts are being sanitized.		
Ensure that keys, radios, OC and other security issued items are sanitized upon issue, during use, and upon return.		
Discuss sanitation standards and safety practices at shift briefing and during rounds with both staff and inmates.		
Conduct sanitation inspections in your areas of responsibility.		
Share information with all staff through the email, review change notices, and meet with staff at shift clock in/out, include COVID-19 info on shift briefings.		
Verification that ample supplies of hand soap and paper towels in all restrooms and common area break rooms. Check all sanitation supply inventories during rounds in all areas and contact Safety Manager before stock becomes low.		
Verify with intake Lieutenant that medical is taking detainee temperatures on all incoming and outgoing detainees.		
Verify during rounds that recreation areas and equipment, both indoor and outdoor, are sanitized before, during, and after recreation.		

What do I need in my area? \_\_\_\_\_



**COVID-19 Shift Daily Checklist – Unit Management**

Unit: \_\_\_\_\_ Unit Manager \_\_\_\_\_ Date: \_\_\_\_\_

Daily activity (Completed during your assigned shift and turned into the Facility Warden Daily)	Completed (Yes/No/NA)	Unit Manager Initials
Share information with all staff through email, change notices, and meet with staff.		
Ensure that Restrooms, door handles, gates, intercom boxes and other common high touch areas being cleaned.		
Verify that staff and detainees are practicing the known and trained social distancing recommendations (avoiding handshakes, avoiding close contact in closed door meetings, using the teleconference options, covering coughs and sneezes, frequent handwashing, etc.)		
Verify that the COVID-19 signs are evident throughout your area and the facility.		
Monitor staff for health and wellness; encourage staff to go home or stay home if they're feeling ill or showing any signs of illness.		
Monitor food safety, tray delivery, plastic gloves, hairnets and beard guards, etc.		
Ensure that all recreation areas and equipment, both indoor and outdoor, are being sanitized before, during, and after usage.		
Discuss sanitation standards and safety practices with staff and detainees daily.		
Conduct sanitation inspections in your areas of responsibility.		
Monitor detainee orderlies and porters ensuring that they have received the proper training, using PPE required by their cleaning supplies, have access to appropriate cleaning supplies, and supervision and follow up inspections by supervisors.		
Verification that ample supplies of hand soap and paper towels in all restrooms and common area break rooms. Check all sanitation supply inventories during rounds in all areas and contact Safety Manager before stock becomes low.		
Laundering facilities – unit based laundry carts are sanitized upon entry and exit of the pods		

What do I need in my area? \_\_\_\_\_

**COVID-19 Daily Checklist – Safety Manager**

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Daily activity (Completed during your assigned shift and turned into the Facility Warden Daily)</b>	<b>Completed (Yes/No/NA)</b>	<b>Initials</b>
Share information with all staff through emails, post notices, and meet with staff.		
Ensure that Restrooms, door handles, gates, intercom boxes and other common high touch areas being cleaned.		
Check on the inventory of sanitation supplies – This should be clearly delegated and documented listing of all supplies and par levels, based on population characteristics.		
Verify that facility PPE is secured and only issued with ADO or HSA permission.		
Verification that ample supplies of hand soap and paper towels in all restrooms and common area break rooms.		
Verify that staff are practicing the known and trained social distancing recommendations (avoiding handshakes, avoiding close contact in closed door meetings, using the teleconference options, covering coughs and sneezes, frequent handwashing, etc.)		
Ensure that the CoreCivic TV facility specified information is updated.		
Verify that the COVID-19 signs are evident throughout the facility.		
Monitor detainee orderlies and porters ensuring that they have received the proper training, using PPE required by their cleaning supplies, have access to appropriate cleaning supplies, and supervision and follow up inspections by supervisors.		
Monitor staff for health and wellness; encourage staff to go home or stay home if they're feeling ill or showing any signs of illness.		
Discuss sanitation standards and safety practices during rounds with both staff and inmates. Provide topics of discussion for shift briefings.		
Conduct sanitation inspections in your areas of responsibility.		
Monitor food safety, tray delivery, plastic gloves, hairnets and beard guards, etc.		
Ensure dining areas being cleaned/sanitized before, during, and after each meal.		
Verify staff are conducting the front lobby screening procedures (questions, forms, and temperature.) Are they wearing PPE?		
Verify recreation areas and equipment, both indoor and outdoor are sanitized in and out of the recreation session.		
Laundering facilities – main laundry and unit based laundry machines		
Ensure that keys, radios, OC and other security issued items are sanitized upon issue, during use, and upon return. Make sure they have sanitizer available.		

What do I need in my area? \_\_\_\_\_

**COVID-19 Daily Checklist – Medical**

HSA: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Daily activity (Completed during your assigned shift and turned into the Facility Warden Daily)</b>	<b>Completed (Yes/No/NA)</b>	<b>HSA/Clinical Supervisor Initials</b>
Monitor and report any callouts, contacts for medical assistance, and signs of infection among the staff or detainees.		
Ensure that Restrooms, door handles, intercom boxes and other common high touch areas being cleaned in the medical department.		
Share information with all staff through the emails, change notices, and meet with staff.		
Verify that ample supplies of hand soap and paper towels are in all restrooms, exam rooms and break room in medical.		
Verify that staff are practicing the known and trained social distancing recommendations (avoiding handshakes, avoiding close contact in closed door meetings, using the teleconference options, covering coughs and sneezes, frequent handwashing, etc.)		
Report all staff call offs to the Warden/ADO.		
Verify that the COVID-19 signs are evident throughout your area.		
Monitor staff for health and wellness; encourage staff to go home or stay home if they're feeling ill or showing any signs of illness.		
Monitor the isolation plan for the medical holding cell areas.		
Verify that nursing staff are taking detainee temperatures on incoming and outgoing detainees.		
Discuss sanitation standards and safety practices during rounds with both staff and detainees.		
Conduct sanitation inspections in your areas of responsibility. Check all sanitation supply inventories during rounds in all areas and contact Safety Manager before stock becomes low.		
Monitor detainee orderlies and porters ensuring that they have received the proper training, using PPE required by their cleaning supplies, have access to appropriate cleaning supplies, and supervision and follow up inspections by supervisors.		

What do I need in my area? \_\_\_\_\_

**COVID-19 Daily Checklist – Food Service****Food Service Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Daily activity (Completed during your assigned shift and turned into the Facility Warden Daily)</b>	<b>Completed (Yes/No/NA)</b>	<b>Manager Initials</b>
Share information with all staff through the emails, change notices, and meet with staff.		
Ensure that Restrooms, door handles, intercom boxes and other common high touch areas being cleaned in your area.		
Verification that ample supplies of hand soap and paper towels in all restrooms and wash stations in your area.		
Verify that staff are practicing the known and trained social distancing recommendations (avoiding handshakes, avoiding close contact in closed door meetings, using the teleconference options, covering coughs and sneezes, frequent handwashing, etc.)		
Verify that the COVID-19 signs are evident throughout your area.		
Monitor staff for health and wellness; encourage staff to go home or stay home if they're feeling ill or showing any signs of illness.		
Monitor food safety, tray delivery, plastic gloves, hairnets and beard guards, etc.		
Ensure serving areas are being cleaned/sanitized before, during, and after each meal.		
Discuss sanitation standards and safety practices with both staff and detainee workers. Check all sanitation supply inventories during rounds in all areas and contact Safety Manager before stock becomes low.		
Conduct sanitation inspections in your areas of responsibility.		
Check all restrooms and handwashing stations hourly, and document those checks. Fill soap dispensers, check hot water temps, fill all paper towel dispensers, and ensure toilet paper is stocked.		
Take extra care to inspect all inmate workers coming into the department. Look for signs of illness; question them; look at hands, arms, and faces for any injuries or sores; inspect the uniforms for sanitation; double check all handwashing practices; and keep educating them they can impact the entire facility's health and safety if they're not extremely careful.		
Monitor detainee workers ensuring that they have received the proper training, using PPE required by their cleaning supplies, have access to appropriate cleaning supplies, and supervision and follow up inspections by supervisors.		

**What do I need in my area?** \_\_\_\_\_

**COVID-19 Daily Checklist – Quality Assurance Manager**

Quality Assurance Manager: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Daily activity (Completed during your assigned shift and turned into the Facility Warden Daily)</b>	<b>Completed (Yes/No/NA)</b>	<b>Manager Initials</b>
The QA Manager will log any Contract Specific Requests and monitor. (This will be facility specific info input by the QAM)		
Participate in all EOC and Managing Director calls to stay up to date on changing practices and expectations.		

What do I need in my area? \_\_\_\_\_

# **Attachment B**





## Pandemic Coronavirus Plan

## Module 1: Surveillance and Infection Control

# OVERVIEW

*Starting now, every CoreCivic facility should creatively and aggressively promote three health habits that interrupt communicable disease and virus transmission: **regular hand hygiene, respiratory etiquette** (coughing or sneezing into a sleeve or tissue); and **avoiding touching one's mouth, nose, or eyes**.*

This guidance provides general information about pandemic coronavirus. In the event of a pandemic, specific guidance will be issued by the Chief Medical Officer.

Coronavirus (COVID-19) is a virus (more specifically, a [coronavirus](#)) identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China. Early on, many of the patients in the outbreak in Wuhan, China reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure to animal markets, indicating person-to-person spread is occurring. At this time, it's unclear how easily or sustainably this virus is spreading between people.

## How it Spreads

Much is unknown about how COVID-19, a new coronavirus, spreads. Current knowledge is largely based on what is known about similar coronaviruses. Coronaviruses are large families of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread among people such as with [MERS](#), [SARS](#), and now with 2019-nCoV.

Most often, spread from person-to-person happens among close contacts (about 6 feet). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It's currently unclear if a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (the sickest).

It's important to note that how easily a virus spreads person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing.



## Pandemic Coronavirus Plan

### Module 1: Surveillance and Infection Control

## Symptoms

For confirmed COVID-19 infections, reported illnesses have ranged from people with mild symptoms to people being severely ill and dying. Symptoms can include:

- Fever
- Cough
- Shortness of breath

At this time, the CDC believes that symptoms of COVID-19 may appear in as few as 2 days or as long as 14 after exposure. This is based on what has been seen previously as the incubation period of [MERS](#) viruses.

## Prevention & Treatment

There is currently no vaccine to prevent COVID-19 infection. The best way to prevent infection is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using facemask.
  - » CDC **does not** recommend that people who are well wear a facemask to protect themselves from respiratory viruses, including COVID-19.
  - » Facemasks should be used by people who show symptoms of coronavirus, in order to protect others from the risk of getting infected. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
  - » If soap and water are not readily available, use a non-alcohol-based hand sanitizer. Always wash hands with soap and water if hands are visibly dirty.



## Pandemic Coronavirus Plan

## Module 1: Surveillance and Infection Control

### Surveillance

Surveillance refers to the process of detecting and tracking diseases. Surveillance for coronavirus involves screening for coronavirus symptoms (to rapidly identify coronavirus patients and isolate them); and collecting, analyzing, and reporting data on individuals who are diagnosed with coronavirus-like illness.

### Infection Control

Infection control consists of practices that interrupt the spread of the disease. A variety of measures to interrupt coronavirus transmission are listed in Table 1 below and discussed in the following pages.

**Table 1. Pandemic Coronavirus Infection Control Measures**

1. Promote good health habits among employees and inmates/detainees: <ul style="list-style-type: none"> <li>a. Regular hand hygiene</li> <li>b. Respiratory etiquette (coughing or sneezing into sleeve or tissue)</li> <li>c. Avoid touching one's eyes, nose, or mouth</li> </ul>
2. Conduct frequent environmental cleaning of "high touch" areas.
3. Separate the sick from the well: <ul style="list-style-type: none"> <li>a. Direct employees to stay home from work if they are sick.</li> <li>b. Medical staff shall:           <ul style="list-style-type: none"> <li>1. Promptly identify and contain inmates with coronavirus-like symptoms.</li> <li>2. Isolate or cohort inmates who are sick with pandemic coronavirus.</li> <li>3. Conduct contact investigations for coronavirus cases and quarantine contacts.</li> </ul> </li> </ul>
4. Create "social distance" between people.
5. Use personal protective equipment (PPE) for close contact with coronavirus patients.
6. If widespread coronavirus transmission, consider targeted distribution of face masks. (Only with the approval of the Chief Medical Officer or designee)
7. Provide ongoing infection control education.



## Pandemic Coronavirus Plan

### Module 1: Surveillance and Infection Control

#### 1. Promote good health habits among employees and residents/inmates/detainees

**Critical to preventing coronavirus transmission is a triad of good health habits, including:**

- a) Regular hand hygiene*
- b) Respiratory etiquette (coughing or sneezing into a sleeve or tissue)*
- c) Avoid touching one's eyes, nose, and mouth*

Preparing for pandemic coronavirus involves improving compliance with these basic infection control measures, beginning now. Each facility should assure that adequate supplies and facilities are available for hand washing for residents/inmates/detainees and employees.

Health care workers should have access to non-alcohol-based hand sanitizer. Provision of non-alcohol based hand rub via dispensers should be considered in key areas that lack facilities for hand washing, i.e., outside the dining hall, in the visitation area, etc.

Provisions should be made for employees and visitors to wash their hands before and after they enter the facility. The triad of good health habits should be promoted in a variety of ways, i.e., educational programs, posters, campaigns, and assessing adherence with hand washing recommendations.

#### 2. Conduct frequent environmental cleanings of "high touch" areas

Another general infection control measure is to routinely clean surfaces that are frequently touched and therefore may become contaminated with germs. These can include door knobs, hand rails, keys, telephones, computer keyboards, etc. Increasing the frequency of environmental cleaning of these surfaces is a measure that can be initiated immediately, thereby limiting transmission of other infections such as the common cold, seasonal flu, and MRSA.

#### 3. Separate the sick from the well

Transmission of pandemic coronavirus can be prevented by separating those who are ill from those who have not been infected. Promptly identify and contain inmates/detainees with symptoms, and isolate inmates/detainees who are sick with pandemic coronavirus.

# Attachment C

## **MEDICAL EMERGENCY: Attachment #1: Pandemic Coronavirus (COVID-19) Plan**

**Introduction:** Starting now, every CoreCivic facility should creatively and aggressively promote three health habits that interrupt communicable disease and virus transmission: regular hand hygiene, respiratory etiquette (coughing or sneezing into a sleeve or tissue); and avoiding touching one's mouth, nose, or eyes.

### **I. General Information:**

Coronavirus (COVID-19) is a virus (more specifically, a [coronavirus](#)) identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China. Early on, many of the patients in the outbreak in Wuhan, China reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure to animal markets, indicating person-to-person spread is occurring. At this time, it's unclear how easily or sustainably this virus is spreading between people.

#### [How it Spreads](#)

Much is unknown about how COVID-19, a new coronavirus, spreads. Current knowledge is largely based on what is known about similar coronaviruses. Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with [MERS](#), [SARS](#), and now with 2019-nCoV.

Most often, spread from person-to-person happens among close contacts (about 6 feet). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It's currently unclear if a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (the sickest).

It's important to note that how easily a virus spreads person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing.



### Symptoms

For confirmed COVID-19 infections, reported illnesses have ranged from people with mild symptoms to people being severely ill and dying. Symptoms can include:

- Fever
- Cough
- Shortness of breath

CDC believes at this time that symptoms of COVID-19 may appear in as few as 2 days or as long as 14 after exposure. This is based on what has been seen previously as the incubation period of [MERS](#) viruses.

### Prevention & Treatment

There is currently no vaccine to prevent COVID-19 infection. The best way to prevent infection is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using facemask.
  - CDC does not recommend that people who are well wear facemask to protect themselves from respiratory viruses, including COVID-19.
  - Facemask should be used by people who show symptoms of coronavirus, in order to protect others from the risk of getting infected. The use of facemasks is also crucial for [health workers](#) and [people who are taking care of someone in close settings](#) (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use a non-alcohol-based hand sanitizer. Always wash hands with soap and water if hands are visibly dirty.

### Surveillance

Surveillance refers to the process of detecting and tracking diseases. Surveillance for coronavirus involves screening for coronavirus symptoms (to rapidly identify coronavirus patients and isolate them); and collecting, analyzing, and reporting data on individuals who are diagnosed with coronavirus-like illness.

**Table 1. Pandemic Coronavirus Infection Control Measures**

<b>1. Promote good health habits among employees and inmates/detainees:</b> a) Regular hand hygiene b) Respiratory etiquette (coughing or sneezing into sleeve or tissue) c) Avoid touching one's eyes, nose, or mouth
<b>2. Conduct frequent environmental cleaning of "high touch" areas.</b>
<b>3. Separate the sick from the well.</b> a) Direct employees to stay home from work if they are sick. b) Medical staff shall: <ol style="list-style-type: none"> <li>Promptly identify and contain inmates with coronavirus-like symptoms.</li> <li>Isolate or cohort inmates who are sick with pandemic coronavirus.</li> <li>Conduct contact investigations for coronavirus cases and quarantine contacts.</li> </ol>
<b>4. Create "social distance" between people.</b>
<b>5. Use personal protective equipment (PPE) for close contact with coronavirus patients.</b>
<b>6. If widespread coronavirus transmission, consider targeted distribution of face masks. (Only with the approval of the Chief Medical Officer or designee)</b>
<b>7. Provide ongoing infection control education.</b>

- Promote good health habits among employees and inmates/detainees.**  
Critical to preventing coronavirus transmission is a triad of good health habits, including:
  - Regular hand hygiene

- b) Respiratory etiquette (coughing or sneezing into a sleeve or tissue)
- c) Avoid touching one's eyes, nose, and mouth

Preparing for pandemic coronavirus involves improving compliance with these basic infection control measures, beginning now. Each facility should assure that adequate supplies and facilities are available for hand washing for both inmates/detainees and employees.

Health care workers should have access to non-alcohol-based hand sanitizer. Provision of non-alcohol based hand rub via dispensers should be considered in key areas that lack facilities for hand washing, i.e., outside the dining hall, in the visitation area, etc.

Provisions should be made for employees and visitors to wash their hands before and after they enter the facility. The triad of good health habits should be promoted in a variety of ways, i.e., educational programs, posters, campaigns, and assessing adherence with hand washing recommendations.

## **2. Conduct frequent environmental cleanings of "high touch" areas.**

Another general infection control measure is to routinely clean surfaces that are frequently touched and therefore may become contaminated with germs. These can include door knobs, hand rails, keys, telephones, computer keyboards, etc. Increasing the frequency of environmental cleaning of these surfaces is a measure that can be initiated immediately, thereby limiting transmission of other infections such as the common cold, seasonal flu, and MRSA.

## **3. Separate the sick from the well.**

Transmission of pandemic coronavirus can be prevented by separating those who are ill from those who have not been infected. In the event of pandemic coronavirus, several measures should be implemented to separate the sick from the well. Below in Table 2 are definitions of two important terms relating to separating the sick from the well and that are frequently confused with each other.

## **II. General Instruction**

### **CORONAVIRUS MEDICAL ACTION PLAN**

This emergency plan attempts to guide our CoreCivic facilities to:

1. Identify Suspects;
2. Isolate the Patient;
3. Test;
4. Treat; and
5. Protect the Uninfected.

#### **1. Identify Suspects**

While our ICE facilities and urban jails are at highest risk for the introduction of Coronavirus, the CDC reports increasing numbers of American patients having no known contacts with infected patients.

During the Emergency period, nurses should meet every patient BEFORE the detainee/inmate/resident enters the intake area. The subject should be asked:

- Have they traveled to China in the past 14 days or had close contact with a known Coronavirus patient?
- Do they have fever, cough, or shortness of breath?

If both EXPOSURE and ILLNESS are present, ISOLATE THE PATIENTS (See number 2 below)

If only one is positive, ISOLATE the patient for 14 days and monitor. If negative test results for respiratory diseases, may release to population prior to 14 days.

## **2. Isolate the Patient**

- Place a facemask on the patient. N95 respirator would be preferable, but a paper surgical mask may be used.
- Take the patient to a respiratory isolation room (negative pressure room). If a negative pressure is not available at the facility, contact the health department for nearest available resources (hospital, long-term treatment facility, etc.). If community resources are not available, place in unused housing unit.
- Nurse and accompanying custody staff are to wear Personal Protective Equipment (PPE)
  - PPE – Gown, gloves, eye protection, N95 or higher respirator
- Complete the Person Under Investigation Form (Attachment 1)
- Health Services Administrator shall immediately notify:
  - Warden
  - Chief Medical Officer (615) 263-3277
  - Regional Medical Doctor
  - Regional Health Director
  - Health Department

**AT THIS FACILITY, THE PRIMARY HOSPITAL FOR INMATE/RESIDENT CARE/TREATMENT IS:**

**AT THIS FACILITY, THE SECONDARY HOSPITAL FOR INMATE/RESIDENT CARE/TREATMENT IS:**

## **3. Test**

- Health Department will instruct you on how to perform the Coronavirus blood test
- Follow Health Department recommendations for additional testing
- As the tests return, enter on the Patient Under Investigation Form (Attachment 1)
- If the test confirms Coronavirus, Health Services Administrator shall alert:
  - Warden
  - Warden to alert OPS Managing Director and Government Partner(s)
  - Chief Medical Officer (615) 263-3277
  - Regional Medical Doctor
  - Regional Health Director
  - Health Department

## **4. Treat**

- There are no vaccines for Coronavirus
- Symptomatic treatment
  - Acetaminophen

- Fluids
  - Rest
- Patients >60 and those with respiratory diseases are at greater risk of serious complications.
- Remember to wear PPE when with the patient
- By 14 days after symptoms present, you may release patient back to population

**5. Protect the Uninfected**

**a) *Detainees/Inmates/Residents at Intake***

- All the detainees arriving within 6 feet of the Index patient are to be isolated for 14 days.
- Facilities must pre-identify space for this purpose. If at all possible, cell-based housing unit shall be used. This cohort shall remain in the unit at all times and avoid face-to-face contact with others outside the cohort. Normal programming and services will be cancelled with the exception of medical services and any services that can safely be delivered to the isolation unit without placing additional staff within 6 feet of the isolated individuals. Custody and medical staff shall use PPE as noted in section 2 above, if and when they are required to be within 6 feet of these individuals.
- Daily vital signs – Report fevers to physician

**b) *Staff***

- Officers who need to interact with the index case need to use PPE
- In the event that custody staff are exposed to the index case:
  - Remain home for 14 days following Health Department recommendations, including their guidance on ability to cohabitate with others who will be at your residence.
  - Monitor vital signs and symptoms of lower respiratory infections
  - Follow up with personal physician and health department

# Attachment D



# Attorney Client Communication

**From:** Berkebile, D <sup>Attorney C</sup> <<sup>Redacted</sup> [D.Berkebile@corecivic.com](mailto:D.Berkebile@corecivic.com)>

**Sent:** Wednesday, March 25, 2020 12:22 PM

**To:** Baker, R <sup>Redacted</sup> <<sup>Redacted</sup> [R.Baker@corecivic.com](mailto:R.Baker@corecivic.com)>; Berkebile, D <sup>Redacted</sup> <<sup>Redacted</sup> [D.Berkebile@corecivic.com](mailto:D.Berkebile@corecivic.com)>; Bludworth, P <sup>Redacted</sup> <<sup>Redacted</sup> [P.Bludworth@corecivic.com](mailto:P.Bludworth@corecivic.com)>; Fender, D <sup>Redacted</sup> <<sup>Redacted</sup> [D.Fender@corecivic.com](mailto:D.Fender@corecivic.com)>; Koehn, B <sup>Redacted</sup> <<sup>Redacted</sup> [B.Koehn@corecivic.com](mailto:B.Koehn@corecivic.com)>; LaRose, C <sup>Redacted</sup> <<sup>Redacted</sup> [C.LaRose@corecivic.com](mailto:C.LaRose@corecivic.com)>; Lindamood, C <sup>Redacted</sup> <<sup>Redacted</sup> [C.Lindamood@corecivic.com](mailto:C.Lindamood@corecivic.com)>; Phillips, M <sup>Redacted</sup> <<sup>Redacted</sup> [M.Phillips@corecivic.com](mailto:M.Phillips@corecivic.com)>

**Subject:** QUARANTINE HIGH RISK INMATES-DETAINEES IN EVERY FACILITY (002)

Wardens:

Per our discussion today, please spend time educating all staff and inmates on these important issues.

Thank you,

D <sup>Redacted</sup>

(i) This e-mail and any files transmitted with it are confidential and intended solely for the use of the intended recipient(s). If you have received this e-mail in error, please notify the sender immediately and delete this e-mail and any associated files from your system. (ii) Views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of CoreCivic. (iii) The recipient should check this e-mail and any attachments for the presence of viruses. The company accepts no liability for errors or omissions caused by e-mail transmission or any damage caused by any virus transmitted by or with this e-mail. This email has been scanned for content and viruses by the Barracuda Email Security System.

**MEDICAL MANAGEMENT OF COVID-19: QUARANTINE HIGH RISK INMATES/DETAINEES IN EVERY FACILITY**

The FSC Health Services Division leadership team was tasked with producing a plan to quarantine inmates/detainees who are at higher risk of serious complications from COVID-19 and have not been exposed to the virus, so that we minimize the risk of this specific population contracting the virus. General population inmates/detainees who are at highest risk of death from COVID-19 (*e.g.*, age 65 or older, heart disease, diabetes, lung disease, *etc.*) but have not been exposed to the virus will be moved into clean housing units/pods, separate from the lower risk population of inmates/detainees. This restricted area of the facility will be considered a *protective* area, essentially the opposite of a *containment* area, the objective being to keep the space free of the COVID-19 virus. To create an added layer of defense should COVID-19 enter the facility, the separate units/pods housing the highest risk population will adhere to the following protocols.

- We recommend a dedicated cadre of nurses, providers, and security staff serve this protective area, minimizing the transmission of the virus from other parts of the facility or free world into the protective area.
- At a minimum, staff entering the protective area will be screened at the beginning of their shift for having symptoms consistent with COVID-19 infection. Staff will also be temperature tested before each shift.
- All personnel entering the secure unit will wear protective garments (*i.e.*, paper isolation gowns, shoe covers, latex or nitrile gloves, and N-95 masks) to ensure staff are clean upon entering the area (as opposed to cleaning upon leaving the *containment* area). Using a dedicated cadre of staff, as noted above, will ensure staff do not cross contaminate and introduce COVID-19 into a clean area. Limiting staff in this area during a work shift will decrease the overuse of personal protective equipment.
- Inmates/detainees will be managed in a manner that avoids exposure to lower-risk inmates/detainees and staff who have not been cleared to enter the protective area.
  - Meals will be brought to the secured unit(s).
  - Medical services will be delivered in the secured unit(s).
  - Any inmate/detainee services or programming will be provided in the secured unit(s) or suspended.
  - Inmates/detainees in the secured unit(s) will utilize a separate and secured yard for recreation.
  - All reception and discharge for necessary out-of-facility trips will happen within the secured unit.
  - Communication with family and friends will be facilitated within the secure facility.
  - Any other service or program not mentioned here will be provided within the protective area, if possible, or suspended. Suspension of any contractually required activities must be relayed to the warden of the facility for partner approval prior to suspension of services.
- The preferred medical/mental health provider encounters will be telehealth.
- All routine dental and optical practice (*e.g.*, dental cleanings, eye exams, *etc.*) will be suspended unless necessary.
- At the end of each shift, all waste material will be disposed of in biohazard bags, following infection control practices in policy/standards (*e.g.*, double-bagging).
- All medical equipment and surfaces will be cleaned and disinfected daily.

# **Attachment E**



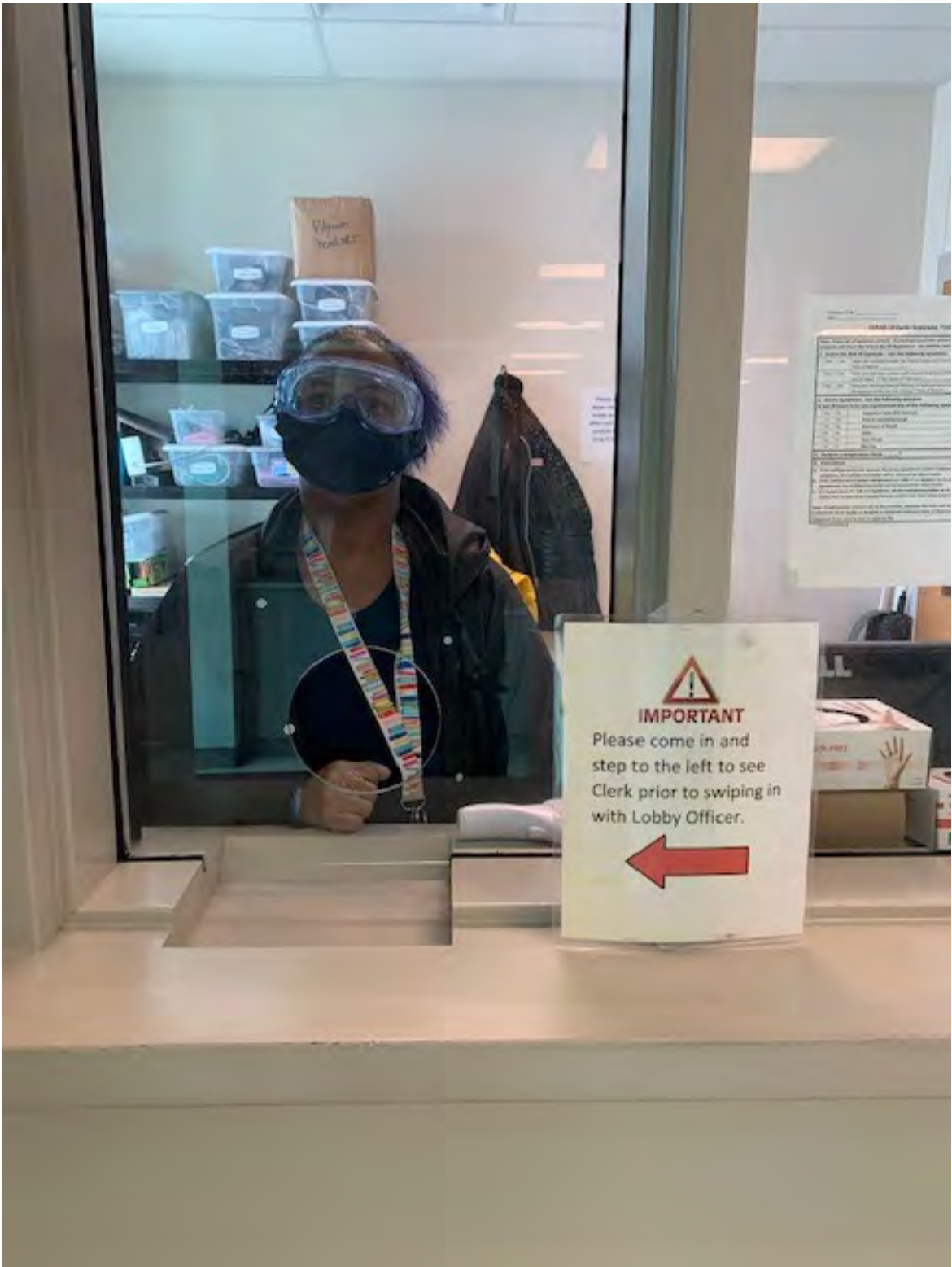


Front Lobby Entry Point





CORECIVIC\_CARRANZA000021





# Attachment F

2019 Novel Coronavirus (2019-nCoV) 14-Day Symptom Monitoring Log

Name

Date of last contact with case

Instructions:

The person under monitoring (PUM) should take their temperature twice a day, in the morning and evening. For each day of monitoring fill in the date, time when AM temp was taken, and AM temperature. Repeat for PM temperature information. Mark the symptoms below with 'Y' for Yes and 'N' for No. Don't leave any spaces blank. Indicate if the PUM is taking any fever reducing medications (if 'Y', state reason for taking fever reducing medications in the Additional Notes section). Also indicate the location of the PUM and the jurisdiction performing the monitoring. Additional information can be written in the Additional Notes section.

Day number (after last potential exposure)	1		2		3		4		5		6		7		8		9		10		11		12		13		14	
Date																												
Time AM																												
Temperature AM																												
Time PM																												
Temperature PM																												
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Felt feverish																												
Cough																												
Productive cough																												
Dry cough																												
Shortness of breath/difficulty breathing																												
Chills																												
Sore throat																												
Runny nose																												
Muscle aches																												
Fatigue																												
Headache																												
Abdominal pain/discomfort																												
Nausea																												
Diarrhea																												
Vomiting																												
Fever/pain reducers <sup>1</sup>																												
Location of PUM																												
Jurisdiction performing monitoring																												

<sup>1</sup> Aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), MOTRIN® or Advil® (ibuprofen). Temperature readings should be taken before the contact's next dose of any such medication. If the PUM has taken a fever/pain reducing medication, please indicate medication and reason for taking fever reducing medications in Additional Notes section.

Additional Notes (include date):

# Attachment G

# How to Safely Wear and Take Off a Cloth Face Covering

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

## WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



## USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear cloth face coverings in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

## FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



## TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water



CS 316488A 07/06/2020

**Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.**

For instructions on making a cloth face covering, see:

**[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)**

CORECIVIC\_CARRANZA000024



# Facemask Do's and Don'ts

For Healthcare Personnel

## When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.

## When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

## When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away\*, and clean your hands again.

\*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.





# Wear a Cloth Face Covering to Protect You and Your Friends

## PUT ON



WASH YOUR HANDS



PLACE OVER NOSE AND MOUTH

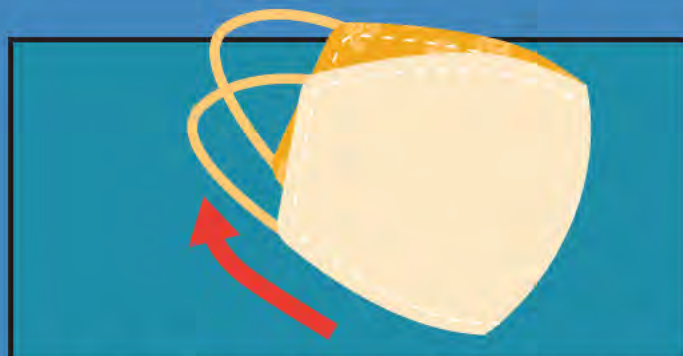


MAKE SURE YOU CAN  
BREATHE EASILY

## TAKE OFF



TAKE OFF YOUR FACE COVERING



FOLD OUTSIDE CORNERS TOGETHER



PUT ASIDE FOR WASHING



WASH YOUR HANDS

WASH YOUR HANDS OFTEN, WEAR A MASK, AND  
STAY 6 FEET FROM OTHERS.



CS318104-A 07/08/2020

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

CORECIVIC\_CARRANZA000026

# Attachment H



Nevada Southern Detention Center

**CHANGE NOTICE**

Date: May 19, 2020

To: NSDC Staff

From [REDACTED] Jensen  
Safety Manager

SUBJ: Disinfecting Keys

Effective immediately all keys will be dip in the disinfectant and dried off with the paper towels when checking them out. **Do not place wet keys back into the key box.**

**WHY: To minimize the introduction of COVID-19 into the facility**






CORECIVIC\_CARRANZA000028



CORECIVIC\_CARRANZA000029





Please dip keys in the  
disinfectant and dry them off  
with the paper towels when  
checking them out.

**Do not dip the black chit that  
goes into the key box in the  
disinfectant.**

**Do not place wet keys back  
into the key box.**

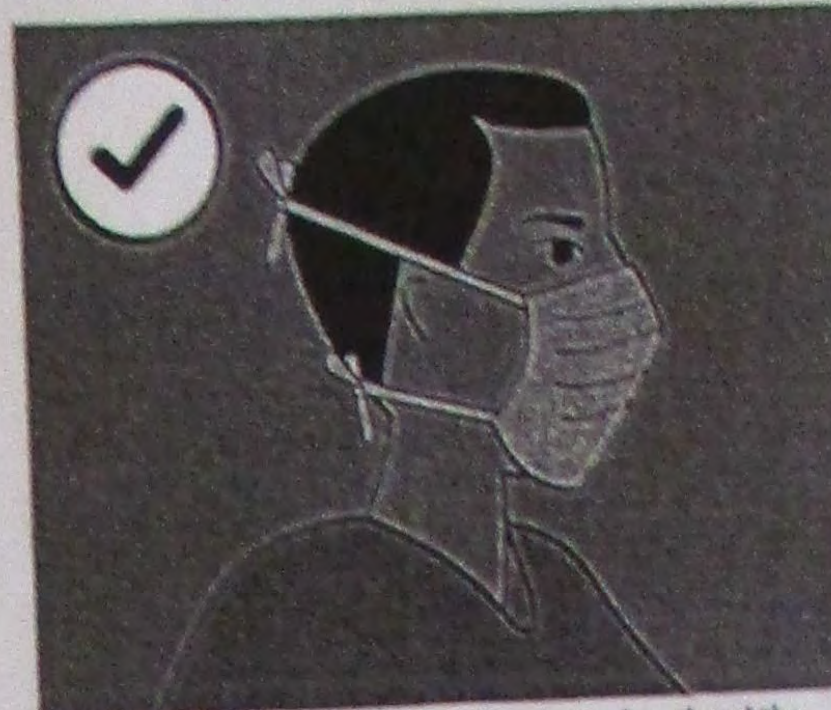
# Attachment I



**When putting on a facemask**  
Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.

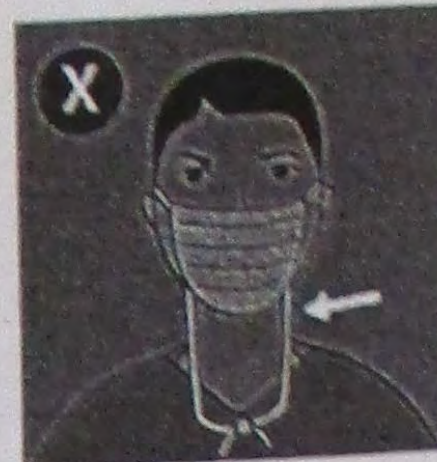


DO secure the ties at the middle of your head and the base of your head.

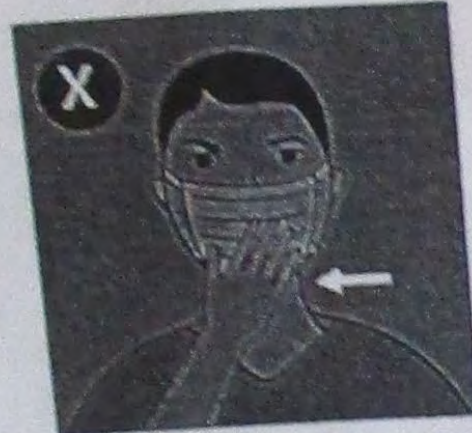
**When wearing a facemask, don't do the following:**



DON'T wear your facemask under your nose or mouth.



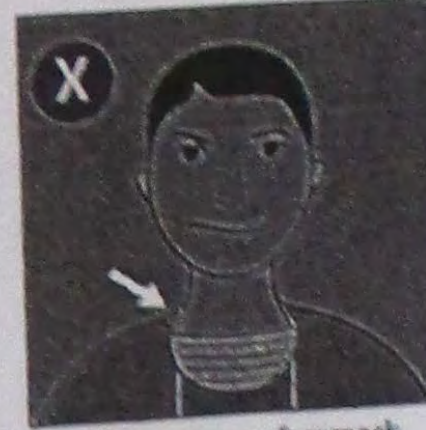
DON'T allow a strap to hang down. DON'T cross the straps.



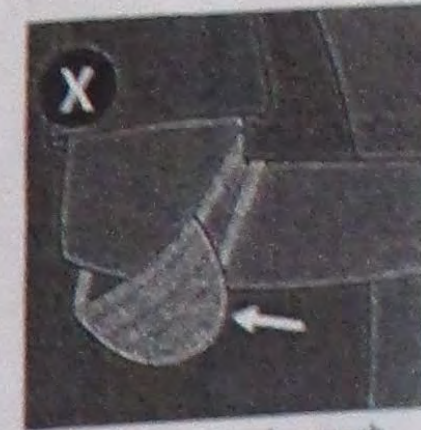
DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

**When removing a facemask**  
Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away\*, and clean your hands again.

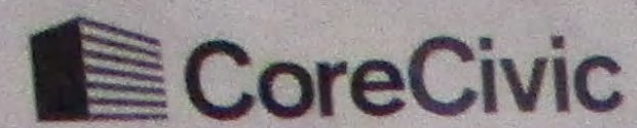
\*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.



Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)





## COVID-19 Information for Inmates and Detainees

The **novel coronavirus, or COVID-19**, is a severe respiratory illness, and we all need to do our part to keep our facility healthy and safe.

### SYMPTOMS OF COVID-19 INCLUDE A COMBINATION OF:

- Subjective Fever (felt feverish)
- New or worsening Cough
- Shortness of Breath
- Chills
- Sore Throat
- Diarrhea
- Fatigue
- Muscle or Body Aches
- Headache
- New Loss of Taste or Smell
- Congestion or Runny Nose
- Nausea or Vomiting

### COVID-19 SPREADS THROUGH

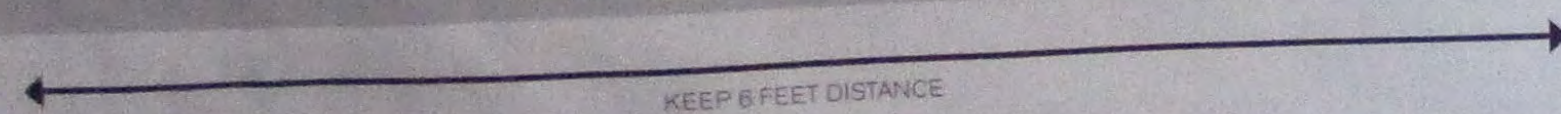


Close contact  
(about 6 feet)



Coughing  
and sneezing

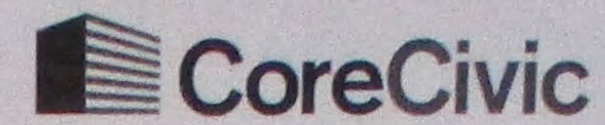
### WAYS TO PREVENT COVID-19



- Wear a cloth or surgical paper mask
- Cover your cough or sneeze with a tissue, then throw the tissue away.
- Don't touch your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Wash your hands often with soap and water for at least 20 seconds, especially before eating, and after going to the bathroom, blowing your nose, coughing, or sneezing.

If you start to feel any of the **symptoms** listed, let someone know immediately.

Revised June 2020



## COVID-19 Información para reclusos y detenidos

El **nuevo coronavirus, o COVID-19**, es una enfermedad respiratoria grave, y todos debemos hacer nuestra parte para mantener nuestras instalaciones sanas y seguras.

### LOS SÍNTOMAS INCLUYEN UNA COMBINACIÓN DE:

- Fiebre subjetiva (se sintió febril)
- Tos nueva o que empeora
- Dificultad para respirar
- Resfriado
- Dolor de garganta
- Diarrea
- Fatiga
- Dolores musculares o corporales
- Dolor de cabeza
- Pérdida de sabor u olor
- Congestión o secreción nasal
- Náuseas o vómitos

### SE PROPAGA A TRAVÉS DE:

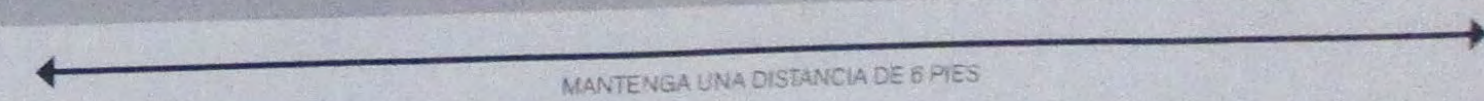


Contacto cercano  
(aproximada-  
mente 6 pies)



Toser y  
estornudar

### FORMAS DE EVITAR CONTRAER COVID-19:



- Evitar el contacto cercano con personas que están enfermas.
- No toque sus ojos, nariz o boca con las manos sin lavar.
- Cubra su tos o estornudo con un pañuelo desechable, luego bótelos.
- Use una máscara de tela o quirúrgica
- Lávese las manos a menudo con agua y jabón durante al menos 20 segundos, especialmente antes de comer y después de ir al baño, sonarse la nariz, toser o estornudar.

Si comienza a sentir alguno de los síntomas enumerados, avísele a alguien de inmediato.

Revised June 2020



## How to Safely Wear and Take Off a Cloth Face Covering

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

### WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



### USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear cloth face coverings in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands



### FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



### TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water

Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



## Wear a Cloth Face Covering to Protect You and Your Friends

### PUT ON



### TAKE OFF



WASH YOUR HANDS OFTEN, WEAR A MASK, AND STAY 6 FEET FROM OTHERS.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



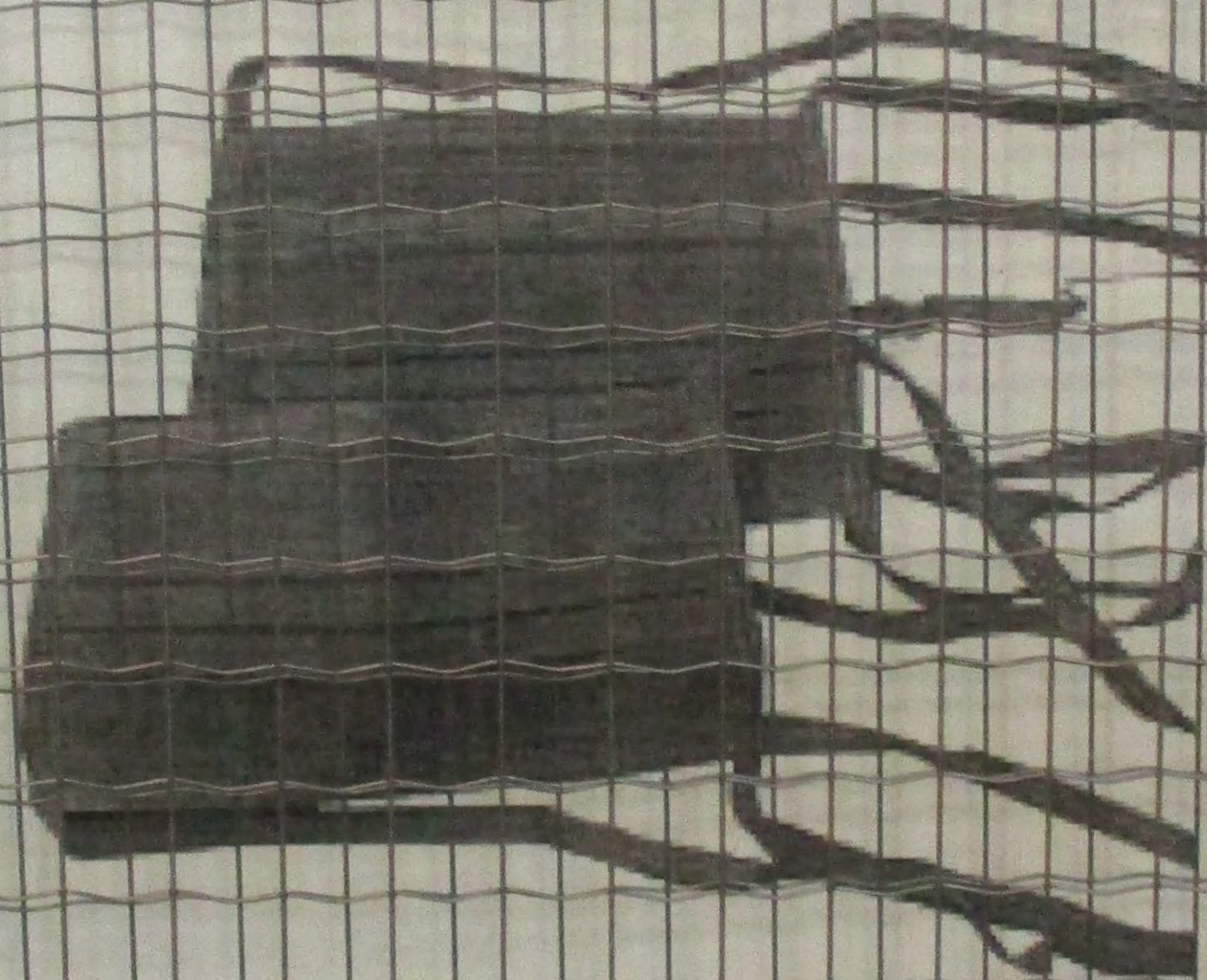


CORECIVIC\_CARRANZA000034





You must wear a mask when you leave  
the unit! Thanks!!

¡Debe usar una máscara cuando salga  
de la unidad! ¡Gracias!!!







  
**How effective was your wash?**  
Washing hands for **20 seconds**  
greatly reduces the spread of illness.  


  
**Qué tan efectivo fue to lavado de manos?**  
Lavarse las manos durante **20 segundos** reduce  
en gran medida la propagación de la enfermedad.  
